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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Costello, Ryan A, , ,			2. Candidate's FEC Identification Number H0PA06076	
(b) Address (number and street) P O Box 3154		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code West Chester PA 19381-3154		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate PA 06		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) RYAN COSTELLO FOR CONGRESS		
(b) Address (number and street) PO Box 3154		
(c) City, State, and ZIP Code West Chester PA 19381-3154		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Growing Republican Achievements And Promoting Excellence-grape Jfc		
(b) Address (number and street) 228 S Washington St Ste 115		
(c) City, State, and ZIP Code Alexandria VA 22314-5404		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Costello, Ryan A, , , [Electronically Filed]	Date 05/15/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Curbelo/Costello Leadership Committee

(b) Address (number and street)

824 S Milledge Ave
Ste 101

(c) City, State and ZIP Code

Athens

GA

30605-1332

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code